

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES
MEDICAL ASSISTANCE ADMINISTRATION
Olympia, Washington**

To: Pharmacies
All Prescribers
Managed Care Plans
Regional Administrators
CSO Administrators

Memorandum No.: 03-61 MAA
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For More Information, call:
1-800-562-6188

From: Douglas Porter, Assistant Secretary
Medical Assistance Administration

Subject: Updates to the Prescription Drug Program

Effective for claims with dates of service on and after October 1, 2003 (unless otherwise specified within this numbered memoranda), the Medical Assistance Administration (MAA) will implement the following updates to the Prescription Drug Program:

- Additions to the Preferred Drug List;
- Additions and modifications to Expedited Prior Authorization Codes and Criteria;
- Changes in Limitations of Certain Drugs; and
- Removal from and changes to Prior Authorization requirement of certain drugs.

MAA's Preferred Drug List

Non-preferred drugs in these classes will require the pharmacy to call MAA for prior authorization.

Drug Class	Preferred Drug
Angiotensin-Converting Enzyme (ACE) Inhibitors	captopril, enalapril, lisinopril (ramipril is available using EPA criteria)
Triptans	rizatriptan (except orally disintegrating tablets) and sumatriptan

Additions to MAA's Preferred Drug List in TCS

Non-preferred drugs in these classes will trigger a TCS review

Drug Class	Preferred Drug
Proton Pump Inhibitors (PPIs)	esomeprazole, lansoprazole, pantoprazole, rabeprazole

Replacement page F.1/F.2 is attached for MAA's Prescription Drug Program Billing Instructions, dated February 2003 reflecting the change above.

Additions and Modifications of Expedited Prior Authorization Codes and Criteria

Drug	Code	Criteria
		Effective for the week of October 6, 2003 and after
Zometa® (Zoledronic acid)	011	Diagnosis of hypercalcemia associated with malignant neoplasms with or without metastases; or multiple myeloma; or bone metastases of solid tumors.
Risperdal® (Risperidone) Zyprexa® Zyprexa Zydis® (Olanzapine)	054	<p>All of the following must apply:</p> <ul style="list-style-type: none"> a) There must be an appropriate DSM IV diagnosis as determined by a qualified mental health professional; and b) Patient is 6 years of age or older; and c) Must be prescribed by a psychiatrist, neurologist, or psychiatric ARNP with prescriptive authority approved for this drug class, or in consultation with one of the above. <p><i>(dementia indication deleted)</i></p>
Ambien® (Zolpidem tartrate) Sonata® (Zaleplon)	006	Short-term treatment of insomnia. Drug therapy is limited to ten in 30 days, after which the patient must be re-evaluated by the prescriber before therapy can be continued.
Altace® (Ramipril)	020	Patients with a history of cardiovascular disease.

Drug	Code	Criteria Effective for the week of October 6, 2003 and after
Bextra® (Valdecoxib)	078 079	<p>Before any code is allowed, the patient must:</p> <ul style="list-style-type: none"> a) Have an absence of a history of ulcer or gastrointestinal bleeding; b) Have tried and failed or is intolerant to at least two generic NSAIDs; c) Be 18 years of age or older; d) Have an absence of sulfa allergy; and e) Have an absence of history of rash while on Bextra. <p>Diagnosis of osteoarthritis or rheumatoid arthritis in patients 18 years of age or older. Dose limited to 10mg per day.</p> <p>Treatment of primary dysmenorrhea in patients 18 years of age or older. Dose limited to 20mg two times per day.</p>
Rebif® (Interferon beta 1-A)	119	Prescribed by, or in consultation with a neurologist, for the treatment of relapsing multiple sclerosis (MS).

Limitations of Certain Drugs

Drug	Limit
Ambien® (Zolpidem tartrate)	10 in a 30-day period
Sonata® (Zaleplon)	10 in a 30-day period

To view MAA's current list of Limitations of Certain Drugs,
go to:

<http://maa.dshs.wa.gov/pharmacy>

Drugs Removed from MAA's Prior Authorization List

Drug
Elidel® for age 5 and under (<i>Pimecrolimus</i>)
Protopic® for age 5 and under (<i>Tacrolimus</i>)
Tretinoin for age 25 and under
Synagis® for age 1 year and under during RSV season only (<i>Palivizumab</i>)

Drugs Added to MAA's Prior Authorization List

Drug
ACE-inhibitors; All brands except Altace® (see EPA criteria for Altace®)
Triptans; Axert®, Relpax®, Frova®, Amerge®, Maxalt MLT®, Zomig®, Zomig - ZMT®

Replacement Pages

Attached is Section H of MAA's Prescription Drug Program Billing Instructions, dated February 2003 reflecting the changes in this memorandum to the Expedited Prior Authorization List.